Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Eyre Peninsula Old Folks Home |
| **RACS ID:** | 6046 |
| **Name of approved provider:** | Eyre Peninsula Old Folks Home Inc |
| **Address details:** | 26 Flinders Highway PORT LINCOLN SA 5606 |
| **Date of review audit:** | 30 October 2019 to 01 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 13 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  To vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Varied period of accreditation:** | 13 February 2019 to 13 November 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Not Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Not Met |
| Requirement 3(3)(f) | | Not Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Not Met |
| Requirement 4(3)(b) | | Not Met |
| Requirement 4(3)(c) | | Not Met |
| Requirement 4(3)(d) | | Not Met |
| Requirement 4(3)(e) | | Not Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Not Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Not Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Not Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 20 April 2020 | |
| **Revised plan for continuous improvement due:** | By 28 December 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Review audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Eyre Peninsula Old Folks Home (the Service) conducted from 30 October 2019 to 1 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 6 |
| Management | 4 |
| Clinical staff | 7 |
| Care staff | 10 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 2 |
| Visiting service providers such as allied health professionals | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation meets all requirements of Standard 1.

Consumers and representatives interviewed confirmed that stated that staff treat them with respect and their culture and diversity is valued. Consumers gave examples of how they are respected to exercise choice and make decisions about their care. Consumers and representatives confirmed their privacy is maintained.

Staff interviewed by the Assessment Team could describe in various ways how they provide care and services to ensure the cultural safety of consumers in the home. Staff could describe the specific cultural needs of consumers in the home.

The organisation demonstrated that is has effective systems and processes in place to ensure that staff deliver care services in a safe and effective way for consumers. the organisation demonstrated that it monitors effectiveness of consumer services through various feedback mechanisms.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected, and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team the organisation does not meet all five requirements of this Standard.

Not all consumers and representatives were satisfied that assessment and planning undertaken by the service meets their needs and preferences. The organisation could not demonstrate that assessment and planning is undertaken to meet the care needs and preferences of all consumers at the service.

The organisation could not demonstrate in all occasions that care assessment and planning has been undertaken in consultation with consumers and their chosen representatives. Whilst staff could describe assessment and care planning processes, outcomes reviewed for consumers demonstrated that staff assessment and planning practices did not identify all needs, goals and preferences of consumers. Needs, goals and preferences of consumers was not always accurately communicated and documented in a care and services plan for consumers.

The organisation could not always demonstrate that when there was an incident or a change in consumer condition that consumer services were promptly reviewed, and appropriate changes are made to the way care and services are delivered.

#### Requirements:

##### **Standard 2 Requirement 3(a) Not Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Not Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### **Standard 2 Requirement 3(e) Not Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation did not meet all requirements of this standard.

Of consumers and representatives interviewed, not all were satisfied that they receive clinical and personal care that is safe and right for them.

The organisation could not demonstrate that clinical care provided was best practice. Clinical staff and management could not inform the Assessment Team of how they understood the care they were providing was best practice and whether clinical assessment tools were validated.

The organisation could not demonstrate that high impact and high prevalence risks associated with the care of each consumer is effectively managed. The Assessment Team identified weight management, medication management, wound management, behaviour management and physical restraint was not effectively managed for all consumers.

The Assessment Team found that the needs, goals and preferences to ensure the comfort needs of two consumers was not effectively managed. Where consumers showed deterioration in condition, the Assessment Team identified that the service did not always respond and take appropriate action to meet changed needs.

The Assessment Team identified that the service did not always initiate timely referrals where a change in condition was identified. Whilst the service had infection control guidelines, policies and procedures, staff practices were identified to be inconsistent with directives.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Not Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Not Met**

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### **Standard 3 Requirement 3(e) Not Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Not Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Not Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation does not meet five requirements of this standard.

Of consumers and representatives interviewed, not all were satisfied that they get services and supports to assist with daily living.

The Assessment Team found that the organisation has neglected the emotional, spiritual and psychological needs of one consumer and that this consumer has been confined to their bedroom on a continuous basis with limited stimulation.

The Assessment Team found that staff did not always identify needs, goals and preferences of consumers and where they had identified them they could not demonstrate that services and supports were relevant and of interest to the consumer. The organisation could not demonstrate timely and appropriate referrals were initiated to support consumers daily living.

The organisation demonstrated that where meals are provided they are of suitable quality and quantity and equipment was safe, suitable and well maintained.

#### Requirements:

##### **Standard 4 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Not Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Not Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Not Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation does not meet one requirement of this standard.

The organisation could not demonstrate that the environment was safe for consumers. The Assessment Team identified an incident where a consumer had an unexplained absence from the service, however risk assessment and monitoring of the environment was not effective to prevent further instances of consumers with cognitive impairment from exiting the building unwitnessed into unsecured areas with access to a roadway.

Consumers and representative feedback received confirmed that they were satisfied that the service environment was clean, tidy and comfortable.

The service environment was observed to be calm, welcoming and homely for consumers. The organisation has reactive and preventative maintenance schedules in place to ensure equipment and assets are maintained appropriately.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Not Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation does not meet three requirements of this standard.

Consumers and representatives were not always satisfied that their feedback and complaints would be appropriately considered and actioned by staff and management. A number of consumer representatives expressed concern about providing identified feedback to the service as they did not want their family member to be treated differently.

The Assessment Team identified that when complaints had been received by the service, appropriate action was not always taken to resolve the complaint.

The service could not always demonstrate that where complaints had been made about service provision, the feedback or complaint was used to improve quality and safety of service.

The service could demonstrate that consumers and representatives were made aware of and had access to advocacy and other services regarding feedback mechanisms in the service.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Not Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation does not meet two requirements of this standard.

Consumers and representatives were satisfied that staff interactions with consumers were kind, caring and respectful. Consumers provided various examples to the Assessment Team about how there are sufficient numbers of skilled and qualified staff to deliver care in accordance with their needs and preferences.

The organisation could not demonstrate that all staff were competent to deliver care and services to meet the needs, goals and preferences of consumers. Clinical and personal care outcomes demonstrate that staff lack critical skills and knowledge to ensure safe and effective care is delivered.

The organisation could demonstrate that it regularly monitors and reviews performance of staff in accordance with their job requirements, however staff undertaking assessment were not skilled to identify deficiency with staff performance.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Not Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Not Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the organisation does not meet four requirements of this standard.

The organisation’s governing body could not demonstrate that it promotes a culture of safe, effective and quality care service. The board of management is unaware of clinical outcomes for consumers and does not direct a clinical governance framework. The governing body could not demonstrate it seeks to understand consumer experience to improve care and services.

Information management systems were not effective to ensure accurate information was about consumers and their health conditions was always available.

The organisation could not demonstrate that high impact and high prevalence risk management systems and practices were effective to ensure the safety of consumers in the home. Further, these systems and practices did not identify the neglect of one consumer.

The organisation could not demonstrate the clinical governance framework was effective to ensure minimisation of physical restraint for consumers, antimicrobial stewardship. Further the clinical governance framework does not guide and direct staff about open disclosure practices.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Not Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.